

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No. 241850US3	
	First Inventor or Application Identifier Norimasa SOHMIYA, et al.	
	Title	IMAGE FORMING APPARATUS
Assignee Name:		17613 U.S. PTO 10/645614 08/22/03
Assignee Address:		

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents	ADDRESS TO: Commissioner for Patents Mail Stop Patent Application Alexandria, Virginia 22313
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)	ACCOMPANYING APPLICATION PARTS
2. <input checked="" type="checkbox"/> Specification Total Sheets <input type="text" value="97"/>	7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) Total Sheets <input type="text" value="18"/>	8. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76
4. <input type="checkbox"/> Oath or Declaration Total Pages <input type="text"/>	9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small>
a. <input type="checkbox"/> Newly executed (original or copy)	10. <input type="checkbox"/> English Translation Document (if applicable)
b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) <small>(for continuation/divisional with box 17 completed)</small>	11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).	12. <input type="checkbox"/> Preliminary Amendment
5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	13. <input checked="" type="checkbox"/> White Advance Serial No. Postcard
6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	14. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small>
a. <input type="checkbox"/> Computer Readable Form (CRF)	15. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27
b. Specification or Sequence Listing on :	16. <input type="checkbox"/> Other:
i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or	
ii. <input type="checkbox"/> Paper	
c. <input type="checkbox"/> Statements verifying identity of above copies	

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application no.:

Prior application information: Examiner: Group Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. Amend the specification by inserting before the first line the sentence:


☐ This application is a ☐ Continuation ☐ Division ☐ Continuation-in-part (CIP)

of application Serial No. Filed on

☐ This application claims priority of provisional application Serial No. Filed

19. CORRESPONDENCE ADDRESS


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08/22/03
13281 U.S. PTO

ocket No. 241850US3

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Norimasa SOHMIYA, et al.

SERIAL NO: New Application

FILING DATE: Herewith

FOR: IMAGE FORMING APPARATUS

FEE TRANSMITTAL

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ALEXANDRIA, VIRGINIA 22313

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	57 - 20 =	37	x \$18 =	\$666.00
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<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$280 =	\$0.00
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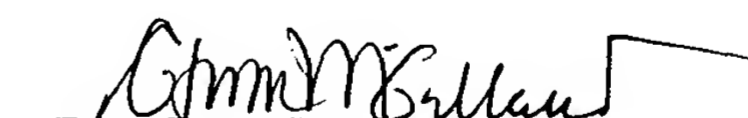
- ☐ Please charge Deposit Account No. 15-0030 in the amount of \$0.00 A duplicate copy of this sheet is enclosed.
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- ☒ The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check or credit card payment form is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,
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